

INSTITUTIONAL REVIEW BOARD (IRB) REQUEST FOR TERMINATION OF PROTOCOL

Date Rec'd in HSO _____

Instructions: Use this form when terminating (completed/withdrawn/canceled) a protocol. Please submit this form electronically to the CIO designated staff official. However, if submitted in hardcopy, please send the original and one copy to the CIO designated staff official. Complete all applicable items or the form will be returned.

Date Submitted by Investigator: _____

PROTOCOL NO. _____

Title of Protocol:

Name of CDC Employee Serving as Principal Investigator (PI) and Degrees:

9 Check if PI has changed

Scientific Ethics Verification No.: _____ Telephone: _____ Fax: _____

CIO: _____ Division: _____ MS: _____ Email Address: _____

1. Current status:

_____ CANCELED (Never started) (Attach explanation)

_____ COMPLETED (Complete items 2,3,4)

2. Disposition of Data:

- _____ Original data and/or research materials have been destroyed
- _____ Linkage between existing data and original source of information has been destroyed.
- _____ No individuals can be identified from existing data.
- _____ Data with identifiers or linkage will be retained. Indicate:
Why:

Where:

How long:

3. Study Population (If an international study, provide race/ethnicity of subjects by percentages):

- _____ Enrolled this past year
- _____ Declined enrollment this past year
- _____ Total number of subjects to date
- _____ Withdrawn from project this past year

For individuals who were enrolled this year:

Gender distribution:

_____ % Female _____ % Male

Race/ethnicity distribution of enrolled subjects for domestic studies:

- _____ % American Indian or Alaskan Native
- _____ % Asian or Pacific Islander
- _____ % Black or African American, not of Hispanic
origin
- _____ % Hispanic
- _____ % White, not of Hispanic Origin

4. Final Report (Attach a copy of the final report for a completed study)

Approvals (Signature and Position Title):	Date:	Remarks:
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Branch Chief:		
Division Director:		
CIO Human Subjects Contact:		